

# State of Arkansas CONTRACTORS LICENSING BOARD



## Residential Builders New Application

**\$100.00 Filing Fee - NON-REFUNDABLE**

*MAIL TO:*

CONTRACTORS LICENSING BOARD  
4100 RICHARDS ROAD  
NORTH LITTLE ROCK, ARKANSAS 72117  
Main Phone Number (501) 372-4661  
FAX Number (501) 372-2247  
Web Site: [www.arkansas.gov/clb](http://www.arkansas.gov/clb)

**PLEASE READ THE INSTRUCTIONS (pages 2) BEFORE COMPLETING THE  
APPLICATION**

# **RESIDENTIAL BUILDERS**

## **INSTRUCTIONS / CHECKLIST**

**Your completed application must be in this office ten (10) business days prior to a committee meeting to be reviewed. If your application is not complete, you have 90 days from the date we receive the application to send the missing items. After the 90 days, another application and another fee will be required.**

1. If you are applying for **both Commercial and Residential** contractors licenses **STOP HERE!!** Download the Commercial New Application and follow the instructions for a commercial contractor. The web site is [www.arkansas.gov/clb](http://www.arkansas.gov/clb).
2. Complete Application (*all lines need to be filled in, if one does not apply to you enter "N/A"*)
  - (a) Complete pages 3, 7 and 8.
  - (b) Appropriate business style affidavit & affidavit regarding bidding signed and notarized (pages 9 and 10). We cannot accept a notarized statement more than 90 days old.
3. \$100.00 filing fee made payable to the Contractors Licensing Board. (**NON-REFUNDABLE**)
4. Three (3) written references (pages 4, 5 and 6 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. **The references must show four (4) years appropriate experience in construction. The experience must justify the issuance of a Residential Home Builder's license. THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.**
5. Copy of the Arkansas Business and Law test score. **Please refer to page 12 & 13 for more information about the test. The license can be approved but not released without this passing test score.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS.** The balance sheet must be in the name of the applicant obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal balance sheet and the balance sheet **must exclude** your personal residence and retirement accounts includes stocks and bonds and cash value of life insurance. **All balance sheet statements must show POSITIVE NET WORTH. If you need a form to use for the balance sheet please feel free to download the form on our web page [www.arkansas.gov/clb](http://www.arkansas.gov/clb). If you have a Schedule "L" from your corporation tax return you may use form instead. (No other tax forms will be accepted other than the Schedule "L").**
7. If you are applying as a Corporation, LLC, or LP you will also need to attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.
8. All applicants must provide proof of current Worker's Compensation insurance coverage by submitting a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**

2.

**Do not write in this space - CLB OFFICAL USE ONLY**

Filing Fee: \_\_\_\_\_

ID#: \_\_\_\_\_

# Residential Builders New Application

**PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH IT TO APPEAR ON LICENSE. IF YOU ARE APPLYING AS A CORPORATION, LLC, OR LLP YOU MUST USE THE EXACT NAME AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR LICENSE**

**ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY TO YOU ENTER "N/A":**

Company or Individual Name \_\_\_\_\_

D/B/A Name \_\_\_\_\_  
(Doing Business As)

Indicate the type of entity seeking a license by circling one of the choices below:

**INDIVIDUAL   CORPORATION   PARTNERSHIP   LLC   LP   OTHER \_\_\_\_\_**

If applying as Corporation / LLC, list the Federal ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County/Parish \_\_\_\_\_

Name of Person to Contact with Any Questions \_\_\_\_\_

Contact Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Complete the following with information for the person that will take or has taken the  
Business & Law Exam**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

How long have you been with this company? \_\_\_\_\_ Position held with this company \_\_\_\_\_

Check one of the following: \_\_\_\_\_ Full time paid employee (with W-2 income)  
\_\_\_\_\_ Officer, member, or partner of the company and is actively  
involved in the day to day operations  
\_\_\_\_\_ Sole Owner

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)*

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.**

1. Are you related or affiliated to the owners of the company or any of the employees? Yes \_\_\_ No \_\_\_  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? \_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).  
\_\_\_\_\_  
\_\_\_\_\_
6. Has this company or individual ever failed to complete a project or job that you are aware of? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Would you recommend this individual or company to be a licensed contractor? Yes \_\_\_ No \_\_\_ If the answer is no, why?  
\_\_\_\_\_
9. Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of ?  
Yes \_\_\_ No \_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Reference givers name & address: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly. )*

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.**

2. Are you related or affiliated to the owners of the company or any of the employees? Yes \_\_\_ No \_\_\_  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? \_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).  
\_\_\_\_\_  
\_\_\_\_\_
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If yes, explain \_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Would you recommend this individual or company to be a licensed contractor? Yes \_\_\_ No \_\_\_ If the answer is no, why?  
\_\_\_\_\_
9. Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of ?  
Yes \_\_\_ No \_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Reference givers name & address: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly. )*

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.**

3. Are you related or affiliated to the owners of the company or any of the employees? Yes \_\_\_ No \_\_\_  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? \_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Would you recommend this individual or company to be a licensed contractor? Yes \_\_\_ No \_\_\_ If the answer is no, why?  
\_\_\_\_\_
9. Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of ?  
Yes \_\_\_ No \_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Reference givers name & address: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# APPLICANT'S INFORMATION

***Note: The Word "You" means, for the purpose of the following questions, this organization, any officer of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.***

1. Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL   CORPORATION   PARTNERSHIP   LLC   LP   OTHER \_\_\_\_\_

2. How long has your organization been in business as a contractor under your present business name? \_\_\_\_\_

3. How many years of work experience does the trade or classification qualifier for this license have? \_\_\_\_\_

Yes\_\_\_ No\_\_\_ 4. Have you ever failed to complete any work awarded to you? (See definition of "you" above) **If yes, attach separately a statement of circumstance.**

Yes\_\_\_ No\_\_\_ 5. Have you ever been an investor, partner or officer of some other organization that failed to complete a construction contract? (See definition of "you" above) **If yes, attach separately the name of the individual, other organization and reason for failure.**

Yes\_\_\_ No\_\_\_ 6. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of "you" above) **If yes, attach an explanation as to why bankruptcy had to be filed along with a copy of the document prepared by your attorney listing the creditors and a copy of the bankruptcy discharge.**

Yes\_\_\_ No\_\_\_ 7. Have you ever been convicted of a felony? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 8. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 9. Have you ever had a contractors license or been associated with a contractors license in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes\_\_\_ No\_\_\_ 10. Have you ever been penalized, or disciplined by the Arkansas Contractors Licensing Board or the Arkansas Residential Committee? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 11. Have you ever had a contractors license revoked, suspended or surrendered in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes\_\_\_ No\_\_\_ 12. Do you knowingly employ individual(s) without legal authority to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 13. Do you knowingly hire workers, as independent contractor(s), who do not have legal authority to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 14. Are you legally authorized to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 15. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors, of workers without legal authority to work in the United States can lead to the revocation of your contractor's license in the State of Arkansas? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 16. Does this applicant have any employees?

Yes\_\_\_ No\_\_\_ 17. Does the applicant have Workers Compensation Insurance?

**CORPORATION, LLC, or LP DATA:**

Date Company Incorporated \_\_\_\_\_  
\* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity \_\_\_\_\_  
(\*This process must be completed before you begin work in the State of Arkansas if you are a foreign entity.)

President _____	SSN _____
Vice-President _____	SSN _____
Secretary _____	SSN _____
Treasurer _____	SSN _____

***OR***

**PARTNERSHIP DATA:**

Date Partnership Formed \_\_\_\_\_  
State whether partnership is general, limited or associated: \_\_\_\_\_

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**List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name) along with their Social Security number or EIN# if a Company or LLC.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



# AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, \_\_\_\_\_, being duly sworn/affirmed, state under oath:

(Name of Owner/Officer/Member/Partner)

That I am \_\_\_\_\_ of \_\_\_\_\_;

(Position held)

(Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

\_\_\_\_\_  
(Applicant Signature Here)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & Seal

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# AFFIDAVIT FOR INDIVIDUAL

I, \_\_\_\_\_ being duly sworn/affirmed, states under oath:

(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

\_\_\_\_\_  
(Applicant Signature Here)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & Seal

# ***AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK RESIDENTIAL BUILDERS NEW APPLICATION***

I, \_\_\_\_\_, being duly sworn/affirmed, states under oath: that, he or she is  
(Name of Owner/Partner/Officer/Member)  
\_\_\_\_\_ of \_\_\_\_\_  
(Position Held) (Company Name)

the applicant named herein; that with respect to any **Residential** construction in the State of Arkansas:

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

\_\_\_\_\_  
(Signature of individual owner, partner, member or a responsible officer)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & Seal

**IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.**

**IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS RESIDENTIAL BUILDERS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.**

List Project Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When Project Started: \_\_\_\_\_

Dollar Amount of Project: \_\_\_\_\_

***\*\*\*The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of your license.\*\*\****

# CHECKLIST OF HELPFUL NUMBERS

## *FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS*

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS OR COULD BE HELPFUL TO ANSWER QUESTIONS YOU MAY HAVE ABOUT YOUR BUSINESS.

<b>CONTRACTORS LICENSE .....</b>	Contractors Licensing Board 4100 Richards Road North Little Rock, AR 72117 Telephone: (501) 372-4661
<b>CORPORATE FRANCHISE TAX .....</b>	Secretary of State Victory Building, Ste 250 1401 W Capitol Little Rock, AR 72201 Telephone: (501) 682-3409
Note: All Corporations are required to register and pay franchise taxes.	
<b>INDIVIDUAL INCOME TAX.....</b>	Individual Income Tax Section Revenue Division Department of Finance & Admin. P O Box 3628 Little Rock, AR 72203 Telephone: (501) 682-7272
<b>CORPORATE INCOME TAX .....</b>	Corporation Income Tax Section Revenue Division Department of Finance & Admin. P O Box 919 Little Rock, AR 72203 Telephone: (501) 682-4775
<b>SALES &amp; USE TAXES .....</b>	Sales and Use Tax Section-Revenue Division Department of Finance & Administration P O Box 1272 Little Rock, AR 72203 Telephone: (501) 682-7104
<b>UNEMPLOYMENT COMPENSATION..</b>	Arkansas Employment Security Division P O Box 8007 Little Rock, AR 72203 Telephone: (501) 682-3276
<b>WORKERS COMPENSATION .....</b>	Arkansas Workers Compensation Commission 4th & Spring Streets, PO Box 950 Little Rock, AR 72203-0950 Telephone: (501) 682-3930 or 800-250-2511

# Arkansas Business & Law Test (Instructions)

**The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.**

## Registration Instructions:

1. Call 1-888-763-0131 or visit [www.experioronline.com](http://www.experioronline.com)
2. Register for **ARO4 Program name**.
3. **Exam Code 100**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. – 8:00 p.m., Sat 8:00 a.m. – 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account. (Have a check ready for relaying the appropriate numbers)  
The charge for the test is \$80.00.
7. You will receive a confirmation number and directions to the testing center.  
(Note these at the bottom of this page for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher, call (623) 587-9519 or complete the order form on the next page.
10. No handwritten or additional notes are allowed in the reference book (No Letters, words, diagrams, etc.) Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed. **Permanent tabs can be purchased at <http://www.nascla.org/tabs-arkansas> for \$9.99**

On the day of your examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and your Contractors Guide to Business, Law and Project Management, Arkansas Edition.

## **PLEASE BE ADVISED:**

- a) You may be given extra manuals when you arrive to take the test.  
You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
- b) Verify your exam code before you take the test.
- c) **Have PROMETRIC send the results to YOU.** If you request your results be sent to our offices it could take weeks to get to us, which could postpone the approval and release of your license.  
When you receive them forward them onto us via USPS or fax them to 501-372-2247.

**Confirmation Number:**

**Appointment Date:**

**Appointment Time:**

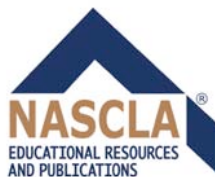
**Testing Site:**

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## NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

### ORDER FORM

To order a copy of the **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pak** or for an individual book order, please complete the order form below. Submit a check for the total order amount payable to NASCLA Educational Resources and Publications (NERP). For credit card orders using a *Visa, MasterCard, American Express or Discover* mail a completed order form to the address below or order online at [www.nascla.org](http://www.nascla.org)

NASCLA Educational Resources and Publications 23309 N. 17<sup>th</sup> Drive, Suite 110 Phoenix, Arizona 85027 Phone (623) 587-9519  
Fax (623) 587-9625 or Online @ [www.nascla.org](http://www.nascla.org)

The **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pak** offers our permanent reference tabs that will help you navigate quickly through this publication. Please note that these tabs are self-adhesive and must be added at least one day prior for sufficient adhesive power.

#### SHIP TO:

Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

#### METHOD OF PAYMENT:

☐ Enclosed check to NASCLA ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

#### PLEASE SEND:

_____ Copy(ies) of the <b>NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pak @ \$57.99 ea</b>	\$ _____
_____ Copy(ies) of the <b>NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition @ \$50.00</b>	\$ _____

#### SHIPPING & HANDLING:

\$ 12.00 for one book (\$6.00 for each additional book) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_